

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Liberty Action PAC			FEC IDENTIFICATION NUMBER ▼ C C00508598		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Grassroots Action, Inc			Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012		
Mailing Address 90 Main Street			Amount 1571.76		
City Maxwell State IA Zip Code 50161		Transaction ID : SE.4183			
Purpose of Expenditure e-mail delivery		Category/Type 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 100628.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
Full Name (Last, First, Middle Initial) of Payee Liberty Counsel			Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012		
Mailing Address P.O. Box 540774			Amount 562989.00		
City Orlando State FL Zip Code 32854		Transaction ID : SE.4184			
Purpose of Expenditure e-mail list rental		Category/Type 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 663617.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____			
(a) SUBTOTAL of Itemized Independent Expenditures.....			564560.76		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Mr. Deryl Madison Edwards		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012	

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Full Name (Last, First, Middle Initial) of Payee Liberty Counsel Action			Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012		
Mailing Address P.O. Box 540629			Amount 242.07		
City Orlando		State FL	Zip Code 32854		
Purpose of Expenditure e-mail list rental		Category/ Type 	Transaction ID : SE.4185		
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____		
Calendar Year-To-Date Per Election for Office Sought 663859.85			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee			Date M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			242.07		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			564802.83		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Mr. Deryl Madison Edwards</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012	